## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents

Name of Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

	orrespondence including below or directed oth		(a) specifying a new corr	espondence address;	red). Blocks I through 5 s ill be mailed to the current and/or (b) indicating a sepa	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block   for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
44992	7590 11/16	2009			tificate of Mailing or Trans	mission	
ASTRAZENECA R&D BOSTON 35 GATEHOUSE DRIVE				nereby certify that the ates Postal Service waldressed to the Mail	is Fee(s) Transmittal is bein with sufficient postage for fir Stop 1SSUE FEE address (O (571) 273-2885, on the control of the	g deposited with the United st class mail in an envelope above, or being facsimile	
WALTHAM, MA 02451-1215				ensmitted to the USP	fO (571) 273-2885, on the c		
			<u> </u> _			(Depositor's name)	
			-			(Signature)	
			L.			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/552,425 10/07/2005		Nicola Murdoch Heron		101015-1P US 6673			
TITLE OF INVENTION; CHEMICAL COMPOUNDS							
			*				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUI	E FEE TOTAL FEE(S) DUF	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	7			
TRUONG, TAMTHOM NGO		1624	514-266240				
1. Change of corresponder	nce address or indication	of "Fee Address" (37	2. For printing on the	the patent front page, list			
CFR 1.363).			(1) the names of up to 3 registered patent attorneys 1				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2				
"Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	'Indication form ed. Use of a Customer	registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 isted, no name will be printed.					
3. ASSIGNEE NAME AN	ID RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
AstraZeneca AB			SE-15185	SE-15185 Sodertalje, Sweden			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	omall entity discount r	ermitted)	A check is enclosed	Payment by credit card. Form PTO-2038 is attached.			
<ul> <li>✓ Publication Fee (No small entity discount permitted)</li> <li>✓ Advance Order - # of Copies</li></ul>				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503231 (enclose an extra copy of this form).			
5. Change in Entity State	s (from status indicated	I above)					
	SMALL ENTITY statu				LL ENTITY status. See 37 (		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requestres of the United Sta	aired) will not be accept tes Patent and Tradema	ted from anyone other that rk Office.	n the applicant; a reg	istered attorney or agent; or	me assignee or other party in	
Authorized Signature _	/Christin	e <u>McCormac</u>	k/		bruary 16, 2		
Typed or printed name Christine McCormack Registration No. 61331							
This collection of informa an application. Confidentia submitting the completed this form and/or suggestio Box 1450, Alexandna, Vin Alexandria, Virginia 2231;	tion is required by 37 Cality is governed by 35 application form to the ns for reducing this but rginia 22313-1450. DC 3-1450.	FR 1.311. The informat U.S.C. 122 and 37 CFI USPTO. Time will vanden, should be sent to to NOT SEND FEES OR	tion is required to obtain of R 1.14. This collection is ry depending upon the inthe Chief Information Off R COMPLETED FORMS		the public which is to file (as minutes to complete, includ omments on the amount of Trademark Office, U.S. De S. SEND TO: Commissione displays a valid OMB control.		